

Program Registration Form



PARKS & RECREATION
S O U T H J O R D A N

Name of Participant _____

Age _____ Grade _____ School _____

Address _____ City _____

Parent or Guardian _____

Home Number _____ Work Number _____ Cell Number _____

Emergency Contact (other than above) _____ Phone Number _____

Medical Information (allergies, medications, etc...) _____

Program Name	Date	Time	Fee
		TOTAL FEE	\$
		Method of Payment	
		Staff Initials	

STATEMENT OF AGREEMENT - Assumption of Risk, Liability Release and Refund Policy

Release & Indemnification: I hereby recognize and acknowledge that my/my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In considerations of myself/my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge South Jordan City, and its officers, employees, and volunteers from any and all suits, claims or liability including negligence, based on any injury except that caused solely by the willful misconduct of South Jordan City, that may result from my /my child's participation in South Jordan City Parks & Recreation activities. In addition, I agree that my insurance or I will pay for medical, hospitalization or any other expenses resulting from my/my child's participation.

Refund: South Jordan City Parks and Recreation Department will withhold \$5 of the refund (program registration fee) for administrative costs. A 100% refund will be given if the program is cancelled by South Jordan City. All refunds must be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program

Collections: I agree to pay South Jordan City all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the South Jordan City collections.

Emergency Treatment: I hereby authorize South Jordan City Parks & Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, or myself and agree to assume full responsibility for all expenses, medical, or otherwise, that may arise there from. I understand that my insurance or myself will be billed for such emergency treatment.

Insurance: I understand that I should have health and accident insurance to cover injuries arising from participation in the program(s).

Insurance Company

Insurance Identification Number

Understanding: By signing this assumptions of risk, liability release, indemnification, insurance and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure and that I agree to its terms.

Signature of participant or parent/guardian

Date